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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20310

AD 860461

IN REPLY REFER TO

AGDA (M) (2 Oct 69)

FOR OT UT 693258

8 October 1969

SUBJECT: Operational Report - Lessons Learned, Headquarters, 68th Medical Group, Period Ending 31 July 1969

SEE DISTRIBUTION

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT UT, Operational Reports Branch, within 90 days of receipt of covering letter.
2. Information contained in this report is provided to insure appropriate benefits in the future from lessons learned during current operations and may be adapted for use in developing training material.

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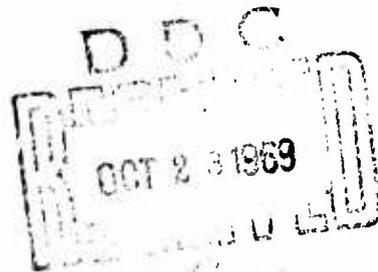

ROBERT E. LYNCH
Colonel, AGC
Acting The Adjutant General

1 Incl
as

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(ARMY) ATTN FOR OT UT. WASHINGTON, D.C. 20310

DEPARTMENT OF THE ARMY
HEADQUARTERS, 68TH MEDICAL GROUP
APO 96491

AVBJ GD-PO

13 August 1969

SUBJECT: Operational Report of 68th Medical Group for Period Ending
31 July 1969, RCS CSFOR-65 (R1)

THRU: Commanding General
44th Medical Brigade
ATTN: AVBJ PO
APO 96384

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D.C. 20310

1. Section 1, Operations: Significant Activities.

a. Organization and Mission:

(1) During the period 1 May to 31 July 1969, the 68th Medical Group fulfilled its mission of providing Field-Army level medical support to United States Army personnel, Free World Military Assistance Forces personnel, Civilian War Casualty patients, and such other categories of personnel as directed by higher headquarters. Included in its tasks were command and control of 53 assigned units.

(2) In accomplishing its mission, the 68th Medical Group exercised responsibility for the III and IV Corps Tactical Zones, within the Tactical Area of Operational Interest of the 1st, 9th and 25th Infantry Divisions, 199th Light Infantry Brigade (Sep), 3d Brigade, 82d Airborne Division, 1st Cavalry Division (Air Mobile), 11th Armored Cavalry Regiment, 1st Australian Task Force, and Royal Thai Volunteer Regiment.

(3) In support of its area of responsibility, the 68th Medical Group operated five evacuation hospitals, three surgical hospitals, two field hospitals, one medical battalion, one air ambulance company with four attached helicopter ambulance detachments, two medical companies (ground ambulance), and numerous other specialized units. The 68th

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693258

Inclosure

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SUBJECT: Operational Report of 60th Medical Group for Period Ending 31 July 1969, RCS CSF(R-65 (R1))

Medical Group continued to insure optimal performance by these subordinate units through a program of regularly scheduled command inspections and liaison visits as necessary to deal with operational problems.

(4) The 551st Transportation Corps Detachment (Cargo Helicopter Forward Maintenance) closed into RVN from Fort Hood, Texas, on 25 June 1969. The unit was assigned to the 60th Medical Group, and subsequently to the 45th Medical Company (Air Ambulance) at its Long Binh headquarters. See paragraph 1d (2) below.

(5) The 20th Preventive Medicine Unit (Service, Field), headquartered at Bien Hoa, and one attached unit, the 61st Medical Detachment (1B, Preventive Medicine Survey), located at Dong Tam, were assigned to the 60th Medical Group, effective 21 July 1969. This unit was previously under direct command of 44th Medical Brigade.

b. Personnel and Administration:

(1) Key Personnel:

(a) On 2 May 1969, Colonel Merle D. Thomas, MC, assumed command of 60th Medical Group from Colonel Richard B. Austin, III, MC, and exercised command of medical operations for the duration of the 92-day reporting period.

(b) Staff was as follows:

1. XC: LTC Robert M. Garber, 1 May - 20 June 1969.
LTC Max E. Rigney, 21 June - 10 July 1969 (acting).
LTC Donald C. Roche, 11 - 31 July 1969.
2. S-1: MAJ Louis L. Smith, 1 May - 6 July 1969.
MAJ Robert E. Murray, 7 - 31 July 1969.
3. S-3: MAJ Freddie J. Mills, 1 May - 12 July 1969.
MAJ James E. Cantrell, 13 - 31 July 1969.
4. S-4: LTC Max E. Rigney, 1 May - 31 July 1969.
5. Chief, Food Service: MAJ Mary P. Dwyer, 1 May - 31 July 1969.
6. Sergeant Major: CSM John H. Baugher, 1 May - 26 July 1969.
CSM John R. Smith, 27 - 31 July 1969.

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(2) Morale and Welfare:

(a) The following awards and decorations were approved and presented to personnel of the 68th Medical Group during the reporting period:

Silver Star	2
Distinguished Flying Cross	3
Soldiers Medal	1
Legion of Merit	6
Bronze Star Medal	96
Air Medal	670
Army Commendation Medal	200
Purple Heart	13
Certificate of Achievement	87

(b) The following awards have been recommended and were pending as of 31 July 1969:

Silver Star	6
Distinguished Flying Cross	21
Legion of Merit	13
Bronze Star Medal	59
Air Medal	403
Army Commendation Medal	129
Purple Heart	10
Certificate of Achievement	31

(c) On 1 May 1969, Brigadier General Hal B. Jennings, Commanding General, 44th Medical Brigade, presented the Meritorious Unit Commendation (First Oak Leaf Cluster) to Headquarters and Headquarters Detachment, 68th Medical Group, and its attached unit, 667th Medical Company, for outstanding service in the Republic of Vietnam during the period 1 March 1967 to 30 September 1968.

(3) Discipline: Seven Summary Courts-Martial and 147 instances of non-judiciary punishment (Article 15) were reported by units of 68th Medical Group during the reporting period. These figures are roughly equivalent with those of the previous quarter. Fourteen Special Courts-Martial were convened by this headquarters during the period 1 May - 15 July 1969. Effective 15 July 1969, Special Court-Martial jurisdiction for 68th Medical Group units was transferred from this headquarters to the Post Judge Advocate, Long Binh Post Headquarters.

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c. Improvements and Projects:

(1) In continuance of self-help projects underway at the end of the previous quarter, concrete patios were completed adjacent to both the Officers' and Enlisted Men's Lounges during May. A protective canopy was constructed over the walkway leading from the main entrance to the parking area in front of the headquarters building. A luggage rack was built under this canopy to accommodate the baggage of transient personnel while processing through Group Headquarters.

(2) The interior of the headquarters building was freshly repainted in June. A start was also made on replacing makeshift electrical wiring in the company billets with a more adequate and professional system.

(3) With the onset of the rainy season, grass was seeded throughout the company area wherever feasible, in accordance with a Long Binh Post erosion control program. The grass quickly took root.

(4) A large vacant area across the road from the headquarters building was graded and graveled to serve as a visitors' parking area. The parking area immediately adjacent to the building was partitioned into spaces reserved for vehicles of headquarters staff sections.

d. Aviation Activities:

(1) During the 92-day reporting period, the 45th Medical Company (Air Ambulance) and attached detachments provided aeromedical support to the United States Military Forces and other Vietnamese and Free World Military Assistance Forces personnel in the III and IV Corps Tactical Zones. From base sites, aircraft are also deployed to strategic standby locations to provide expeditious and efficient aeromedical coverage to the unit's entire area of responsibility. Base sites are: Long Binh, Vung Tau, Lai Khe, Cu Chi, Dong Tam, and Binh Thuy. Standby locations include: Saigon, Tan An, Nui Dat, Dau Tieng, Tay Ninh, and the Mobile Riverine Force.

(2) There have been no relocations of the company's flight platoons or attached detachments. The 551st Transportation Corps Detachment, a direct support maintenance unit, was phased into RVN and assigned to the 45th Medical Company (Air Amb) in late June, and became fully operational in early July. This unit provides direct third echelon maintenance support under the control of the 551st Transportation Corps Detachment commander. Prior to attachment of the direct support unit, the 45th Medical Company (Air Amb) was one of two company-size aviation units in Vietnam without organic direct support aviation maintenance.

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(3) Operational statistics indicate that the highlight of the reporting period was the sharp decline in numbers of patient evacuations during the latter part of the quarter. During May and June the relatively high level of activity in military operations resulted in a proportionally high level of patients for evacuation. During the month of July the patient workload declined almost 25%.

<u>EVACS</u>	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>	<u>QTR TOTAL</u>
US	3611	3566	2643	9820
ARVN	3448	3300	2395	9143
FVMAF	169	238	244	651
VC	134	186	116	436
VN CIV	1440	1435	1493	4373
OTHER	<u>334</u>	<u>342</u>	<u>296</u>	<u>972</u>
TOTAL	9136	9067	7192	25395

AVG AVTR TIME	76 hr/mo	75 hr/mo	71 hr/mo	74 hr/mo
AVG ACFT AVAIL	79%	74%	82%	78%

(4) Increased activity in the dense jungle area near Xuan Loc has caused a 300% increase in hoist missions for 45th Medical Company (Air Amb). Patient loads and flying time have decreased for the 247th Medical Detachment (Hel Amb), located at Dong Tam, due to the fact that two brigades of the 9th US Infantry Division have been preparing to redeploy to CCNUS.

e. Operations:

(1) Phasing-out operations of the 7th Surgical Hospital (MA), formerly located at Long Giao, which were largely accomplished during the previous quarter, were completed. The unit was inactivated on 10 May 1969.

(2) A command inspection of 68th Medical Group Headquarters, its Headquarters and Headquarters Detachment and 667th Medical Company (AC), was conducted by the 44th Medical Brigade CMMI team on 9 July 1969. On a scale of satisfactory-unsatisfactory, a rating of satisfactory was awarded.

(3) 68th Medical Group was assigned responsibility by 44th Medical Brigade for conducting command inspections of four veterinary service detachments of the 522d Medical Detachment (AF) which are located in the vicinity of 68th Medical Group units. The first of these inspections was conducted by this headquarters at the 75th Medical Detachment

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(JA) at Vung Tau on 30 July 1969. The other inspections are scheduled for the following quarter.

(4) The 74th Field Hospital was designated for redeployment to CONUS as part of the 25,000-troop reduction of US military commitments in RVN, which was announced in June. The 50th Medical Company (Clearing) was instructed to relocate from Bearcat to Long Binh to assume the mission of the Prisoner of War Hospital from the 74th Field Hospital. The transfer of command was scheduled for 1 August 1969.

(5) At the same time, 68th Medical Group was given the mission of preparing the 650th Medical Detachment (KJ), a dental service unit of the 932d Medical Detachment (AI) located at Long Binh, for redeployment. The 650th Medical Detachment departed Bien Hoa Air Base on 15 July 1969, for further inactivation at Fort Campbell, Kentucky.

(6) The following patient statistics portray the operations of 68th Medical Group facilities during the reporting period:

	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>	<u>TOTAL</u>
Hospital Admissions	6629	6077	5486	18192
Outpatients	57793	53240	52950	163983
US Army WIA	1610	1375	852	3837
Other WIA	668	682	565	1915
Air Evacs (USAF)	1988	1863	1466	5317
Transfers In-Country	1424	1336	1042	3802
Return to Duty/Discharged	3158	2871	2968	8997
Deaths	165	158	117	440
Average Beds Occupied	1433 (63%)	1552 (60%)	1212 (55%)	4197 (59%)

2. Section 2, Lessons Learned: Commander's Observations, Evaluations, and Recommendations.

a. Personnel: Reassignment of Personnel:

(1) OBSERVATION. Personnel being assigned during phase-out period of a unit were frequently given short notice to report to higher headquarters for reassignment.

(2) EVALUATION. Many personnel being assigned on short notice departed the unit without orders. This created a problem in shipping their hold baggage and in keeping the Morning Report (DA Form 1).

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accurately up-to-date. Furthermore, this reduced the work force in the same short time interval, making organization of work teams difficult. Personnel turbulence from this reassignment procedure was a severe detriment to smooth phase-out activities.

(3) RECOMMENDATION. Personnel essential to performance of phase-out details should be given a common EDCSA far enough in the future to allow for completion of their phase-out activities. This will insure stability in manpower resources, alleviate personnel anxiety as to orders and assignment, allow time for requests for orders to be processed, insure that every individual receives orders, and keep the Morning Report up-to-date. Further recommend that the S-1, when making reassignments, coordinate closely with S-4 to insure that supply and other key personnel are not reassigned prematurely.

- b. Operations: None.
- c. Training: None.
- d. Intelligence: None.
- e. Logistics:

(1) Redistribution and Turn-In of Equipment during Unit Phase-Out:

(a) OBSERVATION. In deactivating or phasing out units, significant quantities of equipment not demanded for redistribution must be turned in to the supply system.

(b) EVALUATION. Units were advised of various items of equipment that had to be turned in within a designated time frame. During phase-out of the 7th Surgical Hospital, the technicalities of turning in equipment in a short time frame became a significant problem. Severe delay was avoided because the unit immediately realized the problem and coordinated with Direct Support Unit. Because of this, special privileges and procedures were granted in moving large amounts of equipment. Specifically, the 7th Surgical Hospital arranged to have a Technical Inspection Team come to the hospital area. Equipment for turn-in was consolidated in the immediate area, technically inspected, and designated as serviceable or unserviceable all at one time. Equipment was then turned in through appropriate supply or property disposal channels. Utilization of this system to avoid repetitive delays in handling and transporting equipment between unit and Direct Support Unit was the most significant factor in the meeting of deadlines during the unit phase-out.

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(c) RECOMMENDATION. Recommend that other Medical Groups incorporate this system in any future Letters of Instruction to units phasing out to provide maximum efficiency in disposition of equipment.

(2) Outstanding Requisitions for Repair Parts during Phase-Out:

(a) OBSERVATION. When given a phase-out mission, a unit must cease receiving items of supply, and effect immediate cancellation of all outstanding requisitions on document registers. However, in a phase-out posture, units must use vehicles on a more rigorous scale, requiring a proportionate increase in automotive maintenance.

(b) EVALUATION. Units phasing out were instructed not to cancel document registers for Repair Parts (PLL) when cancelling all other document registers. This procedure allowed for well-maintained vehicles throughout the phasing-out operation, and made vehicles more easily transferable upon termination of mission. Repair Parts (PLL) on hand at the end were transferred with vehicles or turned in to supporting supply activity, whichever was appropriate.

(c) RECOMMENDATION. This procedure is recommended for implementation to all headquarters instructing subordinate units to accomplish similar missions.

(3) Zero Balancing of Property Books:

(a) OBSERVATION. The mission of zero balancing Organization and Installation Property Books has been among the most difficult portions of phasing-out operations performed by subordinate units.

(b) EVALUATION. The following steps in chronological sequence have proven to be a valuable set of guidelines in accomplishing this mission:

1. Upon initial notification and actual stand down of medical activities, the Chief of Supply & Services Section and property book officer conducted a meeting with all NCOs in charge of wards, sections, etc. The property book officer should have at this time a mimeograph extract of property on both Organizational and Installation Books, and give each NCO a copy of this list to assist in identifying equipment. This list was also forwarded to S-4, higher headquarters, as soon as possible. These key personnel should be instructed to break down their respective areas, segregate equipment, and tag all items by Federal Stock Number and nomenclature. Further, a suspense date for completion of this initial activity should be established for each section.

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The property book officer should establish a date when each section will have its hand receipt inventoried and property signed back to the property book officer. Sections such as Central Material Supply, which may have hand-receipt items out to wards and other hospital areas, should recall all such items immediately.

2. After completion of this initial breakdown by sections, key NCOs and remaining personnel were divided into work teams with an NCO in charge of each. Extract lists of property books were referred to and each item assigned to an NCO team leader. These item assignments should be made along specific supply classification lines, such as TOE Medical, Non-TOE Medical, TOE Non-Medical, TA Office Equipment, TA BOQ, BEQ furniture.

3. Daily at 1600 hours, a briefing was conducted by Chief of Supply & Services and property book officer. The progress of the day was assessed and specific instructions given for the next day. At these briefings, it is of utmost importance for team leaders to report immediately any shortages or overages of recorded quantities of equipment. This enables the property book officer to initiate survey action (Report of Survey, QROL, etc.) quickly in case of shortages. Excesses should be reported to S-4, higher headquarters, in order to obtain additional disposition instructions. These briefings are of great benefit to the Chief of Supply & Services and property book officer in monitoring the whole operation.

4. As buildings became empty, teams were directed to segregate their respective equipment into separate buildings. Supply personnel began to assemble groups of equipment for receiving units, tagging these groups with unit designations, and further preparing draft lateral transfers. Unserviceable equipment was placed in a separate area, and supply personnel were used to initiate paperwork for its turn-in.

5. As equipment is picked up or sent to receiving units, lateral transfers are updated, because some units will not accept some items. Units not accepting previously desired items will cause additional excesses which must be reported to S-4, higher headquarters.

6. Sufficient equipment must be retained in the motor pool to perform maintenance operations. If complete tool kits are to be transferred, mission-essential components must be retained on hand receipt from receiving unit.

7. The above steps assured the most expeditious reduction in property book balances.

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(c) RECOMMENDATION. Recommend that the above steps be used as general guidelines by other Medical Groups in assigning phase-out missions to units, and that a PERT Chart system be applied.

f. Organization: None.

g. Other: None.

1 Incl
Organizational Chart



M. D. THOMAS
COL, MC
Commanding

AVBJ PO (13 Aug 69) 1st Ind
SUBJECT: Operational Report of the 68th Medical Group for the Period
Ending 31 July 1969, RCS CSFOR-65 (R1)

DA, Headquarters, 44th Medical Brigade, APO 96384 10 September 1969

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST,
APO 96375

This headquarters has reviewed the subject report and the following
comments are submitted:

- a. Reference para 2a, basic report; concur.
- b. Reference para 2e(1), basic report; concur. The recommended procedure is presently in use by the 32d Medical Depot for medical equipment. Direct Support Units (DSU) of other technical services should do the same when requested. CG, 44th Medical Brigade can direct this action on the part of the 32d Medical Depot.
- c. Reference para 2e(2), basic report; non-concur. Requisitions are cancelled for items no longer required. There is no directive which states that document registers will be closed out nor that a blanket cancellation of all requisitions will be made at the time of stand down.
- d. Reference para 2e(3), basic report; non-concur at this time. Other After Action Reports indicate procedures which differ from these recommendations, and yet appear to be equally effective. These reports are being made a matter of study by S-4, 44th Medical Brigade, and when variations cease to appear, the best procedures from each report will be incorporated into a single 44th Medical Brigade SOP.

FOR THE COMMANDER:

Douglas Lindsey
DOUGLAS LINDSEY
COL, MC
Deputy Commander

AVHGC-DST (13 Aug 69) 2d Ind

SUBJECT: Operational Report of 68th Medical Group for Period Ending 31 July 1969, RCS CSFOR-65 (R1)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 20 SEP 1969

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,
APO 96558

This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 July 1969 from Headquarters, 68th Medical Group and concurs with the report as indorsed.

FOR THE COMMANDER:



B. A. GOODWIN

CPT, AGC

Assistant Adjutant General

Cy furn:
68th Med Gp
44th Med Bde

GPOP-DT (13 Aug 69) 3d Ind
SUBJECT: Operational Report of HQ, 68th Medical Group
for Period Ending 31 July 1969, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 24 SEP 69

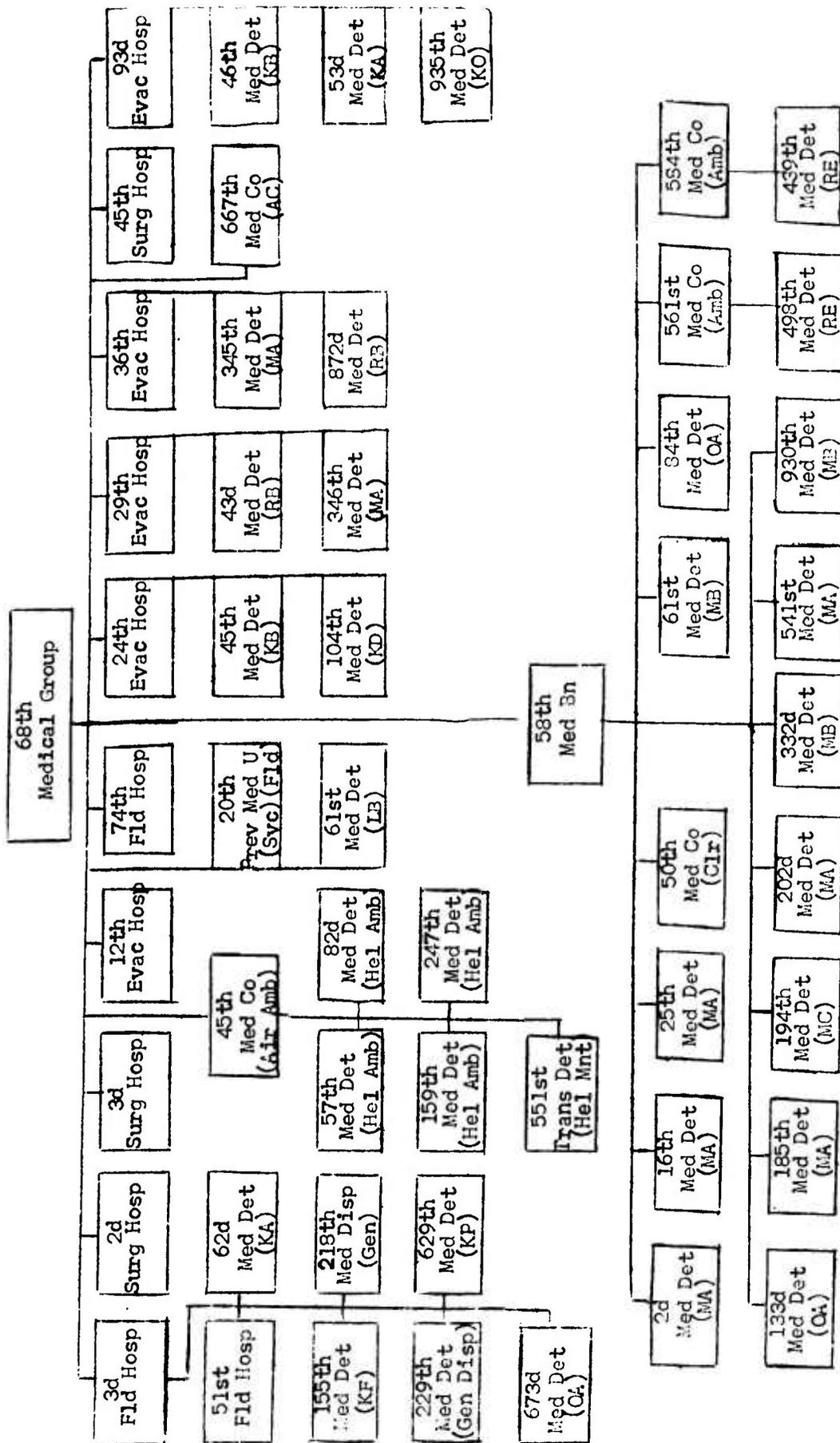
TO: Assistant Chief of Staff for Force Development,
Department of the Army, Washington, D. C. 20310

This headquarters concurs in subject report as indorsed.

FOR THE COMMANDER IN CHIEF:



D. A. TUCKER
CPT. AGC
ASST AG



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